

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

MYNDR FEDERICO NUNEZ
BALTAZAR,

Write the full name of each plaintiff.

22CV7363(LTS)
(Include case number if one has been
assigned)

-against-

AMENDED

COMPLAINT

Do you want a jury trial?
 Yes No

GOLDFARB PROPERTIES, INC.;

PELICAN MANAGEMENT, INC.;

ROCKAWAY ONE COMPANY, LLC;

LINDSAY HEINEMAN(Hecht) in professional capacity.

Write the full name of each defendant. If you need more
space, please write "see attached" in the space above and
attach an additional sheet of paper with the full list of
names. The names listed above must be identical to those
contained in Section II.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed
with the court should therefore *not* contain: an individual's full social security number or full
birth date; the full name of a person known to be a minor; or a complete financial account
number. A filing may include *only*: the last four digits of a social security number; the year of
an individual's birth; a minor's initials; and the last four digits of a financial account number.
See Federal Rule of Civil Procedure 5.2.

2023 APR 21 PMH:2

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?



Federal Question

Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

42 U.S.C. § 12101 et seq., 42 U.S.C. § 3601 et. seq.)
§ Supplemental Jurisdiction pursuant to 28 U.S.C. § 1337:
N.Y. City Adminh. Code § 8-101 - 8-131, NY Executive Law § 296
et seq., N.Y. Real Prop. Law § 223-b(2), § 235-b, negligent &
Intentional Infliction of Emotional Distress.

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, _____, is a citizen of the State of
(Plaintiff's name)

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or
subject of the foreign state of _____

If more than one plaintiff is named in the complaint, attach additional pages providing
information for each additional plaintiff.

If the defendant is an individual:

The defendant, _____, is a citizen of the State of
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____

If the defendant is a corporation:

The defendant, _____, is incorporated under the laws of
the State of _____

and has its principal place of business in the State of _____

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in _____

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

MYNOR F. MUÑEZ BALTAZAR

First Name

Middle Initial

Last Name

20-50 Seagirt Blvd #3E

Street Address

Far Rockaway NY 11691

County, City

State

Zip Code

929-467-2630

Telephone Number

RTNLDRMR@GMAIL.COM

Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

GOLDFARB PROPERTIES INC.

First Name

Last Name

(LANDLORD)

Current Job Title (or other identifying information)

524 NORTH AVENUE

Current Work Address (or other address where defendant may be served)

NEW ROCHELLE, NY 10801

County, City

State

Zip Code

Defendant 2:

PELICAN MANAGEMENT INC.

First Name

Last Name

(Building Management)

Current Job Title (or other identifying information)

524 NORTH AVENUE

Current Work Address (or other address where defendant may be served)

NEW ROCHELLE, NY 10801

County, City

State

Zip Code

Defendant 3:

Rockaway One Company LLC

First Name

Last Name

(Building)

Current Job Title (or other identifying information)

524 NORTH AVENUE

Current Work Address (or other address where defendant may be served)

NEW ROCHELLE, NY 10801

County, City

State

Zip Code

Defendant 4:

LINDSAY HEINEMAN (CHECK)

First Name

Last Name

(Leasing Manager)

Current Job Title (or other identifying information)

524 NORTH AVENUE

Current Work Address (or other address where defendant may be served)

NEW ROCHELLE, NY 10801

County, City

State

Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence: Wavecrest Gardens 2050 Seagirt Blvd #3E
Fort Rockaway Ny. 11691

Date(s) of occurrence: Started on or about January 2021 to ONGOING.

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

Pursuant to Social Security Administration, Plaintiff is disabled and actively receives Disability Insurance. The Defendants knew or reasonably should have expected to know of the disability because through HUD PHA Reasonable Accommodation Request Administrative Process Defendants received Legal Notice informing them of Plaintiff's disability and accommodation needs. The Accommodation was necessary to afford the disabled Plaintiff an equal opportunity to use and enjoy the dwelling; Pursuant to my Medical Providers together with HUD and the PHA, made and approved an accommodation request to allow Plaintiff a Live-In Aide. The Live-In Aide needs a ~~1~~ ⁶ room + bedroom, Plaintiff needs the 2 bedroom & Live in Aide Accommodation to have an equal opportunity to use and enjoy the dwelling.

Facts:

The accommodation request was reasonable because Plaintiff is currently living in a 1 bedroom apartment and needs a 2 bedroom apartment in order to have an equal opportunity to use and enjoy the dwelling. A live-in Aide needs a spare room, to use and enjoy the dwelling with my Disability I need to be moved to a 2 bedroom apartment as per my medical providers, HWD, & the PTA. The Defendants have refused to make the requested accommodation despite being asked numerous times & as recently as 3/24/2023 on video camera. The employees have said "there is nothing wrong with you" talking about my disability & denying that I need help. My disability has been a motivating factor with respect to denying the accommodation request. Landlord does not believe I am disabled despite proofs. But for the accommodation of 2 bedroom I will be denied an equal opportunity to enjoy the apartment of my choice I am stuck in a 1 bedroom.

SEE "Continued S-1"

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

- I had to go to Xeraphy for months, felt scared & isolated. ~~I may~~
- I did not receive the necessary medical accommodation to enjoy a dwelling of my choice, wasted voucher.

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

Compensatory damages in the amount of \$500,000.00, Punitive damages to plaintiff from each of the Defendants, Preliminary Injunction to accommodate Plaintiff's disability, as APPROVED by the U.S. Department of Housing and Urban Development (HUD) Public Housing Authority (PHA)'s Reasonable Accommodation

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

4/21/2023

Dated

Myron F. Nunez

Plaintiff's Signature

Myron F. Nunez

First Name

Middle Initial

Last Name

Baltazar

Street Address

2050 Seagirt Blvd. Apt #3E

County, City

State

Zip Code

Far Rockaway

NY

11691

929-467-2630

Telephone Number

RTNLDRMR@GMAIL.COM

Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.